

Senator Grassley and committee members. My name is Debbie Byrd. I work as a certified nursing assistant at Hill View Retirement Center in Portsmouth, Ohio. Thank you for the opportunity to testify on the CNA staffing challenges facing our nation. Clearly, we are experiencing a crisis in elder care.

I am one of more than 20,000 CNA members of NAGNA, the National Association of Geriatric Nursing Assistants. Our members live in 26 of the 50 states and work in long term care facilities. We are the professional trade association for nursing assistants in this country, headquartered in Joplin, Missouri.

I personally am proud to tell you I have been a CNA for 21 years in the same facility in Southern Ohio. I have never before had the opportunity to meet lawmakers. Unfortunately, you may have only met nursing assistants through coverage of horrible stories in the media. I am here to tell you most of us are extraordinary individuals. Sadly, our few bad apples grab all the press.

During the past 21 years, I have told hundreds of people "I am a CNA," only to have them turn up their noses and say, "I could never do that job." I wonder, do they mean they could never or would never do my work? I was stunned in September to read the leader of the National Citizen's Coalition for Nursing Home Reform, Sarah Greene Burger, quoted in McKnight's Long Term Care Magazine as saying, "Who would do that job? I wouldn't!" Sir, with all due respect, America's elders cannot afford this attitude, expressed by advocates, regulators, reporters or anyone else. In truth, it is an honor and a privilege to care for our nation's oldest citizens, individuals who made this country what it is today. Starting today, NAGNA asks us all to begin speaking with great regard for the elderly and their caregivers. Find a nurse aide who is doing a good job and honor her or him.

I am privileged to work in a facility that pays well, has good benefits, has few welfare patients and offers a beautiful work environment. Yet, despite our every effort, there are many days we work with fewer CNAs than we are budgeted for. Our facility is not unwilling to hire CNAs; there is simply a lack of applicants. We need your help to create a line of qualified applicants at the front doors of our country's 17,000 nursing homes.

This committee will hear no shortage of examples of how people feel care suffers due to a national shortage of CNAs. I find stories about poor health care are the stories most people spread. For me to recite more examples would waste my time and yours. We all know that ending the CNA shortage will be a great day for residents, their families, providers and CNAs. We at NAGNA wish to focus for a moment on creating an adequate supply of superior caregivers.

For the past two years, my coworkers and fellow NAGNA members have been developing some solutions to this national crisis in care. I would like to present our **Five Point Plan** to you today:

- 1 . A national caregiver recruitment campaign.
2. A Government funded "direct wage pass through" for CNAs.
3. Mandate no ideal staffing ratios until real existing vacant positions are filled.
4. Create a national CNA registry.
5. Create a national, universal title for CNAs.

Allow me to explain.

1) America must elevate and celebrate the role and value of caregivers. **We need your help in financing a national caregiver recruitment campaign:**

**People point fingers and shake** their heads in disgust when stories of abuse and neglect are reported in the media, but few if any go to their local nursing home and get an application or even volunteer. Public perception of nursing homes are very poor. We aides always are asked: "Isn't it depressing? Doesn't it smell? How can you change some old woman's diapers?" Senators, I would guess you also may have wondered if not asked the same questions.

To be honest, I never thought I could work as a caregiver either! But I applied and challenged myself and learned I was a better person than I had ever given myself credit for. It is often said "it takes a special person to do that kind of work," and I will be the first to say my colleagues and I are very special, but thousands of us did not feel special until **after** we became CNAs. This noble work has brought us confidence and a sense of worth. We develop powerful, meaningful relationships with our patients and each other.

In truth, few CNAs answered a calling when they came to work in a nursing home. Many just needed a job and answered a help wanted ad, wondering if they could do the job.

CNAs aren't just born... many, many are made. Knowing this, we believe there are thousands and thousands of people who are potentially special, potential CNAs; we must find them, motivate them and educate them on how they can make a difference.

How? By launching a nationwide recruiting to the recruitment efforts of the Armed Forces. Our careers are actually very similar: We are both asked to serve and protect, often putting the well being of others before our own. Like the military, nursing homes need a recruiting campaign, to motivate people to "be all they can be." NAGNA is prepared to lead such a campaign, provided funding is available. Can you help us secure funds?

2) CNA wages must become attractive enough to attract applicants. We ask **you to direct the Medicaid program to create and fund a CNA minimum wage or Direct Wage Pass Through.**

Nationally, the average wage for a CNA is \$7 an hour. We know this is not a living wage, which is why most caregivers are forced to work two or more jobs.

NGNA's goal is to see the national average CNA wage to reach \$10 - \$12 per hour. Many critics of nursing homes state the shortage in staff is caused by nursing home owners refusing to pay enough. This is simply not true. We believe if people knew how much the Medicaid program pays a nursing home for a patient's daily care, they would change their minds. I understand Medicaid pays about \$100 a day for nursing home care across the country. Sir, I am staying at the Holiday Inn while herein Washington. No one in the hotel has offered to dress me, feed me, bathe me, visit with me, do my laundry, drive me to the doctor, listen to my worries or cheer me up. Yet, the hotel is charging me \$139.00 a day. With only \$100 a day per resident to operate a nursing home, it no surprise staff can't be paid a living wage. This situation is not the fault of management. ... there simply isn't enough Medicaid money to go around. And of course, this circumstance exists because few Americans plan for' their old age, and end up on welfare instead.

NAGNA has found there is not a significant difference in wages between CNAs working in non-profit facilities and those working in for profit facilities: both are underpaid. Given the Medicaid rates and Medicare caps, nursing homes are basically **fixed income businesses**. Revenue is limited to the number

of patients the facility is licensed to treat.

On the other hand, Wal-Mart and McDonalds, who compete with us for workers, are unlimited income businesses, which choose to pay their employees only slightly above minimum wage.

Money is not everything; I have not been a career CNA for the money. To say money alone will solve the problem is to insult the character and dedication of career CNAs. However, our work is very stressful and job burnout runs high.

We often hear people say you can make more money flipping burgers at McDonalds, but let's compare jobs. If I work at McDonalds and I accidentally drop a hamburger on the floor, the worst thing that can happen is I would be fired.

If I accidentally drop a resident on the floor, the worst thing that could happen is that resident would die, or suffer serious injury, the family might suspect abuse and sue, I might be fired and I will go home devastated because I accidentally caused injury to a resident. When looking for a job, which risk would you take for roughly the same amount of money?

3) Staffing Ratios: Without a national recruiting campaign and Government funded wage increases, mandating higher staffing ratios will not work. You can pass laws, but you can't do magic **We ask you to help us fill our vacant CNA positions today, before imposing unreal and unachievable staffing ratios.**

NAGNA estimates nationwide there are an average of seven CNA openings per facility right now. There is no unwillingness to hire CNAs; we just don't have qualified applicants! Mandating ratios would only result in surveyors writing staffing deficiencies in every facility across the nation.

4) The United States needs a national registry of CNAs. **NAGNA asks you to create a national CNA registry.** Currently, criminal background checks conducted by individual states do not protect a facility from hiring a CNA who has committed resident abuse in another state. If the applicant does not list other states they are certified in, their record goes undiscovered. A national registry would allow facilities access to this information. NAGNA supports this registry and as a national association would be willing to operate the registry or assist other agencies in providing the service.

5) National Credentials: **We ask for a national, universal title for certified nursing assistants.** Several states have different titles for the position. In Ohio, where I work, a nursing assistant is called a STNA, state tested nursing assistant, and we hate it. We want our credentials back. In Michigan, my colleagues are called CENAs, competency evaluated nursing assistants, and they hate it.

To make our national recruiting campaign a success, we must have a standard universal title that means the same thing in every state. If not CNA, then perhaps we could follow Vermont's lead and adopt LNA, licensed nursing assistant, or possibly a whole new name for a new image, such a certified nurse tech. The Carmelite Sisters for the Aged and Infirm operate 23 nursing homes. Many of their homes have adopted the title Geriatric Technician. And last year, Beverly Healthcare, which employs 23,000 aides, had their associates create a new title: Care Specialist. Whatever the title, let's make it national and universal.

In closing Senator, I would ask you to take my comments under careful consideration. CNAs are the best advocates for residents. Ending the nurse aide shortage will lead to better and more consistent surveys, fewer incidents of abuse and neglect and most importantly, high quality care of residents.

We've had enough lawsuits, bad surveys and finger pointing. Penalties and bad stories are not the answer, progressive positive action is. I urge you to look closely at the National Association of Geriatric Nursing Assistant's accomplishments and goals, and pledge your support for our five point plan. On behalf of my association, my profession and my dear residents, I wish to thank you for this time. It has been an honor to appear before the committee. I welcome your questions.